|  |  |  |  |  |
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| **Cover****Sheet**  | **Pregnancy, Delivery and New-born** | SWISS HIV COHORT STUDY (MoCHiV) | Page 1/1V2 [05/17] |  |

|  |
| --- |
| Always use this cover-sheet to report pregnancy/delivery/new-born data. |

|  |  |
| --- | --- |
| SHCS number mother |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Number child** |  |
|  |  |
|  |  |
|  | Used for cross-validations and error-checking  | **Date of birth of child** |  |
|  |  |
|  | **Gender of child: male** |  | 1 | **female** |  | 2 |

|  |  |
| --- | --- |
| **Center** |  |
| **Data manager** |  |

|  |  |
| --- | --- |
|  | Tick which forms are added  |
| Consent reporting form(not original informed consent) | ❑ |
| Pregnancy | ❑ |
| Delivery | ❑ |
| Newborn | ❑ |